



Student name \_\_\_\_\_

1st class choice \_\_\_\_\_

2nd class choice \_\_\_\_\_

Date of Birth \_\_\_\_\_

Age as of 9/1/18 \_\_\_\_ yr. \_\_\_\_ mth.

Application date \_\_\_\_\_

# Southborough Village Preschool

## Application Packet 2018-2019

Southborough Village Preschool

14 East Main Street

Southborough, MA 01772

508-485-3109

[www.southboroughvillagepreschool.com](http://www.southboroughvillagepreschool.com)

Directors:

Gretchen Hartnett ([gretchenhartnett@southboroughvillagepreschool.com](mailto:gretchenhartnett@southboroughvillagepreschool.com))

Laura Eppen ([lauraeppen@southboroughvillagepreschool.com](mailto:lauraeppen@southboroughvillagepreschool.com))

# Southborough Village Preschool Class Request Form (2018-2019)

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age as of Sept. 1, 2018: years \_\_\_\_\_ months \_\_\_\_\_

**Place a #1 next to your first class choice and a #2 next to your second choice for the 2018-2019 school year.**

\_\_\_\_ Toddler Program (21 months-2.9 yrs.) Tues/Thurs AM (9-12)

\_\_\_\_ Preschool (2.9+) Tues/Thurs AM (9-12)

\_\_\_\_ Preschool (2.9+) Tues/Thurs PM (12-3)

\_\_\_\_ Preschool (Four in the Fall/Pre-K) Tues/Thurs Full Day (9-3)

\_\_\_\_ Preschool (3.0+) Mon/Wed/Fri AM (9-12)

\_\_\_\_ Preschool (Four in the Fall/Pre-K) Mon/Wed/Fri PM (12-3)

\_\_\_\_ Full Day Pre-K Mon/Wed/Fri (9-3) (4.0 by September 1<sup>st</sup>)

\* Please tell us what your child's previous preschool experience/class has been \_\_\_\_\_.

**Important:** Please note that the ages and numbers of our students can vary from year to year. As a result, we may need to make changes to the offered classes/schedules based on applications and enrollment. We will be sure to notify you as early in the enrollment process as possible if we anticipate needing to make such changes. Thank you for your understanding.

**Trying to decide what class to sign up for?** We strongly suggest that you speak with your child's teacher, or a Director, to discuss which class will be best for your child's enrollment for the 2018-2019 school year.

## Tuition rates and deposits are as follows for the 2018-2019 school year:

Toddler Program: \$3,140 (10% dep.= \$314)

2 Full-Day Program: \$4,530 (10% dep.= \$453)

2 Half-Day Program: \$2,900 (10% dep.= \$290)

3 Full-Day Program: \$6,280 (10% dep.= \$628)

3 Half-Day Program: \$3,810 (10% dep.= \$381)

**Please Note: A non-refundable application fee of \$100.00 is due upon receipt of your application. In addition, a non-refundable check for 10% of the tuition is due with your application.** We will notify you, with a Class Placement Letter, as to which class your child has been placed in. Please read, sign and return the letter by the date indicated on your Class Placement Letter. At this point, if you **choose to not accept** this placement, we will refund the 10% deposit to you. Should you **choose to accept** this placement, the 10% deposit will be applied towards your tuition for next year. Once you have accepted a spot in a class for next year, this 10% deposit will become non-refundable. Please see a Director if you have any further questions. Thank you.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Director Use Only

Class \_\_\_\_\_ Registration Fee \_\_\_\_\_ Deposit \_\_\_\_\_

# Southborough Village Preschool

14 East Main Street, Southborough, MA

Tel. 508 485-3109 or visit [www.southboroughvillagepreschool.com](http://www.southboroughvillagepreschool.com)

## Child Enrollment Form

### Child Information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age as of September 1, 2018: years \_\_\_\_\_ months \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Identifying Marks: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Skin Color: \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_



### Parent/Guardian Information

**Parent/Guardian #1 Name:** \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_

Reachable Phone Number (cell): \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Hours at Work: \_\_\_\_\_

**Parent/Guardian #2 Name:** \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_

Reachable Phone Number (cell): \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Hours at Work: \_\_\_\_\_



**Additional Information**

Child's Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Allergies/Special Diet? \_\_\_\_\_

Individual Health Care Plan for child with a chronic health condition? If yes, please check and attach. \_\_\_\_\_

Custody agreements/court orders/restraining orders pertaining to the child? If yes, please check and attach. \_\_\_\_\_

Special limitations or concerns? \_\_\_\_\_

\_\_\_\_\_

**Physical Exams/Immunizations/Lead Test**

I certify that I will provide Southborough Village Preschool with current documentation of my child's annual physical examination, current immunizations and lead poisoning screening, in accordance with Massachusetts school health requirements. Parent initials \_\_\_\_\_ Date \_\_\_\_\_

**Please Note:**

A registration fee of \$100.00 plus 10% of your annual tuition is due at the time of registration, in order to hold your child's spot. The application fee is non-refundable. The 10% deposit will be deducted from your tuition in September and is also non-refundable.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_